

MEDICARE INFORMATION FORM

(Copy information exactly from your Red, White & Blue Medicare Card)

You must complete this form to avoid any interruption in your medical coverage.

Please write your Medicare number exactly as it appears on your Medicare Card. If you have applied for Medicare, but have not received your card you must contact your local Social Security office to request your Medicare number and effective dates of Parts A and B. **Upon receiving your Medicare card, you must forward a copy to this office at the above address.** Also, you must notify KTRS in the event your Medicare number changes due to the death of a spouse, marriage, or divorce.

SECTION 1 - RETIREE INFORMATION

RETIREE'S NAME: _____

SOCIAL SECURITY NUMBER: _____

MEDICARE CLAIM NUMBER: _____

HOSPITAL (PART A) EFFECTIVE DATE: _____

MEDICAL (PART B) EFFECTIVE DATE: _____

SECTION 2 - SPOUSE INFORMATION, if enrolled in KTRS medical coverage

SPOUSE'S NAME: _____

SOCIAL SECURITY NUMBER: _____

MEDICARE CLAIM NUMBER: _____

HOSPITAL (PART A) EFFECTIVE DATE: _____

MEDICAL (PART B) EFFECTIVE DATE: _____

SECTION 3 - MEDICARE PRESCRIPTION INFORMATION (if applicable)

Please note: If you have enrolled in prescription coverage through Medicare Part D, you are not eligible for prescription coverage through KTRS.

RETIREE PRESCRIPTION (PART D) EFFECTIVE DATE _____

SPOUSE PRESCRIPTION (PART D) EFFECTIVE DATE _____